Plumbing Permit Application Remodel City of Grove City Division of Building R 4035 Broadway, Grove City, Oh 43123 614-277-30  Property Information  Address Lot # Subdivision Parcel ID Building/Unit Project Name:  Contractor Information  DBA G.C. Registration # Contact Number  INSTRUCTIONS: This Application Must Be Properly Filled Out And Returned To the Office Of Building Prior To The Date Of The First Inspection, Accompanied By A Fee Calcular	Regulations 075 Fax 614-277-3090  Owner Information  Name:	-
Address Lot # Subdivision Parcel ID Building/Unit Project Name: Contractor Information Building/Unit	Name:	Trans
Subdivision Parcel ID Building/Unit Project Name:  Contractor Information  DBA G.C. Registration # Contact Number  INSTRUCTIONS: This Application Must Be Properly Filled Out And Returned To the Office Of Building/Unit	Address: City: State: Zip: Phone: uilding Regulations At Least Four Days ated Upon The Following Basis:    Sterilizers     Sump Pump	Trans
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	Sump Pump	$\exists$
Air Admittance Valve Garbage Disposal		
Backflow Preventers Hot Water Heater		
Backwater Valve Interceptor	Trap Primer	
Bathtubs Kitchen Sink	Urinal	Check #
Bidet Laundry Tray	Wash Fountain	k
Chemical Sink Lavatories	Washing Machine	
Dental Cuspidors Mop Sink	Water Closets	
Dilution Sump Outside Faucet	Water Lines	
Dishwashers Roof Drains	Water Storage Tank	_
Drinking Fountains Rough-In Openings for Future	Gas Outlets	
Floor Drains Sewage Ejectors	Other	ate ]
Garbage Catch Basin Showers	GRAND TOTAL	Ente
Number of Remaining Fixtures x \$ 12.00 \$ Number of Remaining Fixtures	TFEE DUE \$  Shall Be Installed Only For Plumbing Fixtures Where The the Lowest Plumbing Fixture Are Below The Elevation Of The the Next Upstream Manhole In The Public Sewer	Date Entered: Date Issued: